	Connecticut Department of Public Health Drinking Water Section									
Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name		Classification		Population	Owner Type	Primary Source			
CT0770014	GIRL SCOUTS OF CT - CAMP MERRIE-WOOD		NC		25	Р	GW			
Local Address (where applicable) Service Resid					Commerci	al Industri	al Combine	ed Agricultural		

1

Connections

Towns Served: MANCHESTER

650 GARDNER STREET

)	1 rout									
Manitaring Pariod	1 routi									
Total Coliform (3100) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Comp										
wonitoring Period	Collection Period	Compliance Status								
10/1/18 - 12/31/18		Complete								
1/1/19 - 3/31/19		Complete								
4/1/19 - 6/30/19										
7/1/19 - 9/30/19										
	1 routi	ine (RT) per quarter								
Monitoring Period	Collection Period	Compliance Status								
10/1/18 - 12/31/18		Complete								
1/1/19 - 3/31/19		Complete								
4/1/19 - 6/30/19										
7/1/19 - 9/30/19										
	1 rc	outine (RT) per year								
Monitoring Period	Collection Period	Compliance Status								
1/1/18 - 12/31/18		Complete								
1/1/19 - 12/31/19										
1/1/20 - 12/31/20										
	1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 1/1/18 - 12/31/18 1/1/19 - 12/31/19 1/1/20 - 12/31/20	1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 1 routi Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 6/30/19 7/1/19 - 9/30/19 1 ro Monitoring Period 1/1/18 - 12/31/18 1/1/19 - 12/31/18 1/1/19 - 12/31/18								

	'	Nater System Facili	ity and Sampling P	oint Ir	nventoi	ſy			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		BJ00393	BATHROOM SINK	Α	Υ				
		BJ97479	BATHROOM	Α	Υ				
		BK05616	MAIN CABIN	Α	Υ				
		BK81502	KITCHEN	Α	Υ				
		BN19076	TROOP HOUSE	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21330	WELL	2	WELL	Α					

						<u> </u>				
				Contact In	formation					
Name				Organizatio	n		Job Title			
Ms. Michele Velez				Girl Scouts	of Connecticut		Dir. Property Svcs.			
Mailing Address Lin	e One		Mailing	Address Line Two)	City	State	Zip Code		
20 Washington Ave	nue					North Haven C			06473	
Business Phone Extension Fax				Mobile Phone	Emergency Phone	Email Ad	mail Address			
203-239-2922 3329 203-239-72			7220		800-922-2770	mvelez@gsofct.org				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(Connecticu	t Depa	rtment	of Public	Health	Drir	ıking	g Water	Secti	on	
	Wate	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name			Class			cation	Population	Owner 7	ype F	Primary Source
CT0770014	GIRL SCOUTS OF C	T - CAMP	MERRIE-WOO	DD		NC			Р		GW
Local Address (wh	nere applicable)			Service	Residen	Residential Con		al Industri	al Con	nbined	d Agricultural
650 GARDNER ST	REET			Connection	ns		1				
Towns Served: M	ANCHESTER			'	'				1		
Contact Role(s):	Administrative Co	ontact									
Name				Organization					Jok	Title	
Girl Scouts of Am	erica, Inc.										
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	S ⁻	ate	Zip Code
340 Washington S	Street						Hartfo	rd		СТ	06106
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Phone	Email A	Address			
860-522-0163											
Contact Role(s):	Legal Contact, Ov	vner									

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

C	onnecticut Department of Public Health	ı Drinking	g Water	Section	
	Water Quality Monitoring and Con	npliance S	Schedul	e	
P	WS Name	Classification	Population	Owner Type	Primar

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0770124	UNITARIAN UNIVERSALIST CHURCH				NC	25	Р	GW
Local Address (where applicable)		Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
153 VERNON ST	WEST	Connections			1			

Towns Served: MANCHESTER

Monitor	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20	_	
Public Notif	ication Requirements		

Public Notification Requirements											
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>											
Violation/Situation	Period Tier Required Per										
Total Coliform MCL Violation	8/1/10 - 8/31/10	2	10/13/2010		10/23/2010						
Total Coliform MCL Violation	7/1/11 - 9/30/11	2	9/8/2011		9/18/2011						

Water System Facility and Sampling Point Inventory Total Lead and Water **Water System Facility** Sampling Point Sampling Point Coliform Copper System Stage ID **Description** Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status **DISTRIBUTION SYSTEM** 00600 4 **DISTRIBUTION SYSTEM** Υ Α DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α Α 00700 **ENTRY POINT ENTRY POINT** 21334 WELL 2 WELL Α

Contact Information											
Name				Organization	1		Job Title				
Ms. Nancy Madar			Unitarian Un	iversalist Church		President					
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City	State	Zip Code			
62 Garden Grove Ro	oad					Manches	ster	СТ	06040		
Business Phone Extension Fax N				bile Phone	Emergency Phone	Email Ad	dress				
860-646-5151					860-647-8559						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

C	onnectici	it Depa	rtment	of Public	Health	Drir	iking \	Water	Sectio	n	
	Wat	er Qual	ity Mon	itoring a	and Com	plia	nce Sc	hedule	9		
PWS ID P\	WS Name					Classifi	cation Po	opulation (Owner Ty	pe P	rimary Source
CT0770124 U	NITARIAN UNI\	/ERSALIST CI	HURCH			N	С	25	Р		GW
Local Address (whe	ere applicable)			Service	Resident	tial Co	mmercial	Industria	I Comb	ined	Agricultural
153 VERNON ST W	EST			Connectio	ons		1				
Towns Served: MA	NCHESTER										
Contact Role(s): L	egal Contact										
Name				Organization					Job 1	itle	
Unitarian Universa	alist Society Eas	t									
Mailing Address Lir	ne One		Mailing Addr	ess Line Two				City	Sta	te	Zip Code
153 Vernon Street	West						Manchester CT			7	06040
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	Phone	Email Ad	dress			
860-464-5151											
Contact Role(s): C)wner										
Name				Organization					Job 1	itle	
Ms. Jane Osborn				Unitarian Un	iversalist Chu	ırch		Sexton			
Mailing Address Lir	ne One		Mailing Addr	ess Line Two				City	Sta	te	Zip Code
153 West Vernon S					Manchester C			7	06040		
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	Phone	Email Ad	dress			
860-646-5151		860-649-1	.565				janeosb3	@gmail.co	m		
Contact Role(s): A	dministrative (Contact									

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department	of Public H	lealth	D	rinking	Water	Sect	ion	
	Water Quality Mon				_				
PWS ID	PWS Name			_	1			Туре Рі	rimary Source
CT0770134	801A HARTFORD ROAD				NC	33	Р		GW
Local Address (v	vhere applicable)	Residen	tial	Commerci	al Industria	al Cor	nbined	Agricultural	
		Connections			4				
Towns Served: I	MANCHESTER						·		
	Mon	itoring Requ	iireme	nts	•				
Water System	Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)							
Total Coliforn	n (3100)					1	routin	e (RT) _l	per quarter
Sampling F	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	riod	Compli	ance Status
Select from	n Inventory of Active Sampling Points		10/1/18 -	- 12/	31/18			Co	mplete
			1/1/19 -	- 3/3	1/19			Co	mplete
			4/1/19 -	- 6/3	0/19				
			7/1/19 -	- 9/3	0/19				
Physical Para	meters (PPS)					1	routin	e (RT)	per quarter
Sampling F	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	riod	Compli	ance Status
Select from	n Inventory of Active Sampling Points		10/1/18 -	- 12/	31/18			Co	mplete
			1/1/19 -	- 3/3	1/19			Co	mplete
			4/1/19 -	- 6/3	0/19				
			7/1/19 -	9/3	0/19				
Water System	Facility: ENTRY POINT (WSF ID: 0070	0)							
Nitrata /1040	11					1	routin	~ (DT)	oor quartor

Nitrate (1040)		1 routi	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete

Public Notification Requirements								
	Compliance	Notice	Public No	<u>tification</u>	PN Certij	<u>fication</u>		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Total Coliform MCL Violation	10/1/14 - 12/31/14	2	3/7/2015		3/17/2015			
Nitrate M&R Violation	7/1/18 - 9/30/18	3	11/19/2019		11/29/2019			

1/1/19 - 12/31/19 1/1/20 - 12/31/20

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Sta WQP 2 D	_	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
22950	WELL #1	2	WELL	Α						

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	Water Quality Monit	oring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0770134	801A HARTFORD ROAD				NC	33	Р	GW
Local Address (where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
		Connections			4			

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Mohamed A. H	assan			Tony's Pizza			Tenant 803	B Htfd. Rd.	
Mailing Address Line	e One		Mailing Addr	ess Line Two			City	State	Zip Code
803 Hartford Road						Manche	ster	СТ	06040
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	Email Ac	ldress		
860-649-3640									
Contact Role(s): Ac	dministrative	Contact, Ow	ner						
Name				Organization	1			Job Title	
Concept Technolog	ies LLC								
Mailing Address Line	e One		Mailing Addr	ess Line Two			City	State	Zip Code
1 Liberty Square						New Brit	ain	СТ	06051
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ac	ldress		
Contact Role(s): O	wner								
Name				Organization	l			Job Title	
Ms. Shalini Chandu	ptla			Concept Tec	hnologies LLC		Partner		
Mailing Address Line	e One		Mailing Addr	ess Line Two			City	State	Zip Cod
79 East Center Stree	et					Manche	ster	СТ	06040
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	Email Ac	dress		
Contact Role(s): Le	gal Contact, C)wner	·						

Please note the following:

Towns Served: MANCHESTER

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0779074	MANCHESTER CONG. OF JEHOVAHS WITNESS	SES			NC	222	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
214 NEW BOLTO	ON ROAD	Connections			1			

Towns Served: MANCHESTER

Monitoring R	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600	0)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION SYSTEM (4)	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Othor	Compliance	Schodulos
Other	Compliance	Scriedules

Compliance Schedule Activity

Due Date

Achieved Date

RESPOND TO SANITARY SURVEY 1/7/2015

Water System Facility and Sampling Point Inventory

	Water				Total	Lead and
ı	Custom	Water System Facility	Camplina Doint	Camplina Doint	Californ	Connor

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	Connectic	ut Dena	rtment of	Public I	Health	Drir	nking	g W	ater S	Section	
		•	lity Monit				`	_			
PWS ID	PWS Name					Classif	ication	Popu	ulation C	wner Type	Primary Source
СТ0779074	MANCHESTER C	ONG. OF JEH	IOVAHS WITNES	SES		N	IC	2	222	Р	GW
Local Address (w	here applicable)			Service	Resider	tial Co	mmerc	ial I	ndustrial	Combine	ed Agricultura
214 NEW BOLTO	N ROAD			Connections	S		1				
Towns Served: N	IANCHESTER										
Facility ID			. ID	Description		Sto	itus	Rule	Rule T	ier Asbesto	s WQP 2 DBP
00600 DISTR	IBUTION SYSTEN	1	4	DISTRIBUTIO	N SYSTEM	1 /	4				
			DOWNSTREAM	WITHIN 5 SE	RVICE CO	N A	4				
			UPSTREAM	WITHIN 5 SE	RVICE CO	N A	4				
00700 ENTR	/ POINT		3	ENTRY POIN	Т	,	4				
56544 WELL	1		2	WELL 1		,	4				
56548 BLADI	DER TANK										
			Con	tact Infor	mation	1					
Name			Or	rganization						Job Title	======================================
Mr. Keith Ribera			M	anchester Je	hovahs W	itnesses	;	Ch	airman		
Mailing Address	Line One		Mailing Address	s Line Two				C	ity	State	Zip Code
			325 Vernon Stre	eet			Mancl	hester		СТ	06042
Business Phone	e Extension	Fax	Mobil	le Phone E	mergency	/ Phone	Email	Addre	ess		
			860-2	68-7904			kmrib	era@	gmail.cor	n	
Contact Role(s):	Legal Contact										
Name			Or	rganization						Job Title	9
Mr. Darrell Wilco	ОХ		Kiı	ngd. H. of Jeh	ovah Witr	nesses					
Mailing Address	Line One		Mailing Address	s Line Two				C	ity	State	Zip Code
214 New Bolton	Road						Mancl	hester	-	СТ	06042
Business Phone	e Extension	Fax	Mobil	le Phone E	Emergency	/ Phone	Email	Addre	ess		
860-730-3792			860-2	09-5871	860-209	-5871	wilcox	const	ruction@	att.net	

Contact Role(s): Administrative Contact

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut	Department of	Public H	ealth	Dr	inkin	ig W	ater	Se	ction	
	Water	Quality Monit	oring and	d Com	pli	ance	Sch	edul	e		
PWS ID	PWS Name	<u> </u>	0							ner Type	Primary Sourc
CT077909	4 622 MIDDLE TURNPI	KE EAST				NC		25		Р	GW
Local Addr	ress (where applicable)		Service	Resident	tial (Commer	rcial I	ndustri	al	Combine	d Agricultura
622 MIDD	LE TNPK EAST		Connections			1					
Towns Ser	ved: MANCHESTER				·						
		Monito	oring Requ	ireme	nts						
Water Sy	stem Facility: DISTRIBU	TION SYSTEM (WSF I	D: 00600)								
Total Co	liform (3100)							1	rou	tine (RT	per quarter
Samp	oling Point (Sampling Point	ID)		Monitorii	ng Pe	riod	Collec	tion Pei	riod	Comp	liance Status
Selec	t from Inventory of Active S	ampling Points		10/1/18 -	12/3	1/18				C	Complete
				1/1/19 -	3/31	/19				C	Complete
				4/1/19 -	6/30	/19					
				7/1/19 -	9/30	/19					
-	Parameters (PPS)							1	rou	-	per quarter
	oling Point (Sampling Point	•		Monitorii			Collec	tion Pei	riod		liance Status
Selec	t from Inventory of Active S	ampling Points		10/1/18 -							Complete
				1/1/19 -						C	Complete
				4/1/19 -							
	- 11	(7/1/19 -	9/30	/19					
•	stem Facility: ENTRY PC	OINT (WSF ID: 00700)									· >
	And Nitrite (NOX)	(0)			_		c "			-	RT) per year
	oling Point (Sampling Point	ID)		Monitorii			Collec	tion Pei	riod		liance Status
ENIR	Y POINT (3)			1/1/18 - :		-					Complete
				1/1/19 - : 1/1/20 - :							Complete
		Othor Co	ompliance			•					
Complian	ce Schedule Activity	Other C	umphance		Due D			Achie	wod	Data	
	TO SANITARY SURVEY)/15/2			Acme	veu	Dute	
RESPOND		nter System Facili	ty and San				onto	rv			
Water	VVC	iter System racin	ity and Jai	ipiiig	1 01	116 1110	Total	Lead	and		
System	Water System Facility	Sampling Point	Sampling Poi	nt		C	oliform				Stage
Facility ID	_	ID	Description		S	tatus	Rule			Asbesto	s WQP 2 DBP
00501	WELL 1	2	WELL 1			A					
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		Α	Υ				
		DOWNSTREAM				Α					
		DS	DISTRIBUTION	l		Α	Υ				
		UPSTREAM	WITHIN 5 SER	VICE CON	١	Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					
		Con	tact Inforr	nation							
Name			rganization							Job Title	
Mr. Peter	F. Grady										
	ddress Line One	Mailing Address	s Line Two				(City		State	Zip Code
Mailing Ac	duress Line One	manning made est						,			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mobile Phone

860-966-8094

Manchester

gradytavern@msn.com

Emergency Phone Email Address

 CT

06040

380 Bidwell St

Business Phone

860-432-2016

Extension

Contact Role(s): Administrative Contact

Fax

PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
СТ0779094	522 MIDDLE TURNI	PIKE EAST	•			N	IC	25	Р	GW
Local Address (wh	nere applicable)			Service	Reside	ntial Co	mmercia	al Industri	al Combine	ed Agricultura
622 MIDDLE TNPI	< EAST			Connection	าร		1			
Towns Served: M	ANCHESTER				·					
Name				Organization					Job Title	9
	rott			622 Middle Tu	ırnpike					
Mr. Robert A Par	rott									7: CI-
			Mailing Addr	ess Line Two				City	State	Zip Code
Mr. Robert A Par Mailing Address L 622 Middle Turnp	ine One		Mailing Addr	ess Line Two			Manch		State CT	06040

Contact Role(s): Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule